

POSITION	ID NO.	DATE
CLASSIFIER	7	7-1-93
EXAMINER	300	7-2-93
TYPIST	8F352	7-12-93
VERIFIER	352	7/12/93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
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✓ Rejected  
 - Allowed  
 (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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(LEFT INSIDE)